



Record of Estate Intent

Thank you for supporting Novant Health Foundation through your estate plans. Your gift will enable Novant Health to continue providing the most remarkable care to our patients for generations to come.

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

I have made a provision in my estate plans to benefit:

Novant Health Facility or Region: _____

Service Line or Program: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this to:

Novant Health Foundation
Attn: Katherine L. Friend, CFRE
Vice President, Development
Foundation Administration, Novant Health
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Suite 200
Charlotte, NC 28204
kfriend@novanthealth.org